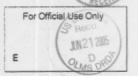
U.S. Department of Labor Office of Labor-Management Standards

FORM LM-30 LABOR ORGANIZATION OFFICER AND Washington, DC 20210 **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is manual production, under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 01961

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2002 Through: 12 / 31 / 2002

4. Name, file number, and address of labor organization.

Name Ronald Alman	Name UNITE
	Labor Organization File Number 000-381
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 10th Floor
Street 33 Harrison Avenue	Street 275 Seventh Avenue
Boston Boston	City New York
State Massachusetts ZIP Code + 4 02111	State New York ZIP Code + 4 10001
Position in labor organization. Vice President	
(except as specified in the ex. Held an interest in, engaged in transactions (including loans) with, constary value from an employer whose employees your organize	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Frade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
	7.b. Amount.
Street	7.b. Amount.
Street	7.b. Amount.
	7.b. Amount.
Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty	gnature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Ronald Alman	File Number U- 01961		
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name Amalgamated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union Square City New York State New York ZIP Code + 4 10003	9. Business deals with: X a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Amalgaated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any	Cost # of Shares Price Per \$9,950 50 \$199	Share	
Street 15 Union Square	11.b. Approximate dollar value of such dealing.	\$15,273	
City New York	12.a. Nature of interest held or income received.		
State New York ZIP Code + 4 10003	\$1,145.00 in dividends \$10,500.00 in fees		
	12.b. Amount.	\$11,645	
C. Received from any employer (other than an employer covered unor from any labor relations consultant to an employer any payment of money	nder parts A and B above) ney or other thing of value.		
a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
* \			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street			

14.b. Amount of payment.

or Consultant ?

13.b. Is the Business an Employer